

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <div style="font-size: 1.5em; font-family: cursive;">10/660816</div>	<small>FILING DATE</small>				
							CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1						51						
2						52						
3						53						
4						54						
5						55						
6						56						
7						57						
8						58						
9						59						
10						60						
11						61						
12						62						
13						63						
14						64						
15						65						
16						66						
17						67						
18						68						
19						69						
20						70						
21						71						
22						72						
23						73						
24						74						
25						75						
26						76						
27						77						
28						78						
29						79						
30						80						
31						81						
32						82						
33						83						
34						84						
35						85						
36						86						
37						87						
38						88						
39						89						
40						90						
41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.		2				TOTAL IND.						
TOTAL DEP.						TOTAL DEP.						
TOTAL CLAIMS		2				TOTAL CLAIMS						